

Psychological Distress and Mental Well-Being among Working Women from Health Care Sector of Pakistan



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Abstract

Background: In the contemporary health care industry, the psychological distress and mental well-being among the females has become a subject of significant concern and exposed to unique challenges having a great impact on their physical and mental wellbeing.

Methodology: This cross-sectional study was carried out among females working in different hospitals of Pakistan. Psychological distress was determined by Kessler Psychological Distress Scale whereas mental well-being was assessed using a WHO mental well-being index. IBM SPSS Statistics version 27 was used for data analysis.

Results: Total 393 females with mean age of 36.86±9.19 years were included in study. We found 32% of females with poor mental health whereas 29.3% of females were found likely to be well, 9.4% with mild disorder, 26.5% with a moderate disorder, and 34.9% with a severe psychological disorder. We found significant association of psychological distress with age, province, education status, working cadre, duration in current organization, job shift during past month, marital status, caring for an elderly relative, and primary reason for doing job. Significant association of poor well-being was found with province, working cadre, organization type, duration in current organization, availability of a baby day care facility at workplace, caring for an elderly relative, primary reason for doing job, and current salary.

Conclusion: This study highlights the concerning prevalence of mental health issues among female healthcare workers, with a notable 32% experiencing poor mental health. Factors such as age, education, and work conditions significantly influence psychological well-being, indicating that targeted interventions could be beneficial.

Keywords: Psychological distress; Mental Well-Being; Working Women; Working Women; Mental Health Disorders

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Introduction

In the contemporary health care industry, the physiological distress and mental well-being among the women has become a subject of significant concern. Females working in health care industry are exposed to unique challenges that have a great impact on their physical and mental wellbeing. As frontline workers, the expectations from health care staff increases the vulnerability to several health issues including mental and physical (1). Work stress, being a strong predictor of poor mental health has been reported in health care professionals including physicians, nurses and other staff members (2). Health care workers, especially nurses report a higher rate of depressive symptoms than any other working population, leading to higher incidence of absenteeism and low job satisfaction. According to the job demand-control-support model, working professionals with high job demand and low social support are at

higher risk of developing depressive symptoms and work stress (3). Married female health care givers experience work-family conflict (WFC) as they manage the irregular duty schedules and excessive workload while rearing children and managing other household responsibilities. As a result, they constantly deliberate over switching or quitting their job or moving to another workplace (4). In general population the risk of developing depression is 10% to 25% in females and 5% to 12% in males (5).

Women working in health care organizations must cope with unique stressors such as gender-based issues, balancing work and caregiving responsibilities at home and work and dealing with emotional demands of patients and people at home. Balancing care giving demands at home and work can amplify the stressors (6). Women in the health care industry are at the frontline for delivering the direct patient care. From nursing staff to primary health care providers, their commitment towards

patient wellbeing forms the backbone of healthcare industry (7). Women in health care institutes also provides emotional help to the patients who are under their care. This demand of emotional support provided to the patients through illness and recovery contributes to unique stressors. This constant exposure to challenging experiences and trauma is linked to the development of psychological and mental wellbeing disorder (8). The demands of the healthcare industry require a delicate balance between personal and professional responsibilities. Irregular schedules, high risk decision making, and long hours of duties characterize the daily routine of health care staff. These irregular schedules, especially night shifts that are common in health care organizations can disrupt the circadian rhythm, impacting the overall mental well-being (9).

The health care industry in Pakistan is multifaceted. The nature of work of health care professional contributes to high level of stress which leads to physiological distress disorder and ultimately depression. Understanding these issues are important for improving the well-being of health care professionals. Moreover, there is limited research available, especially on women's mental health in Pakistan. By investigating the prevalence of psychological distress and mental well-being can help the targeted intervention systems to enhance the mental health outcomes of women. Additionally, the study can contribute to valuable insights that can support interventions and policies which can help improve the challenges faced by women. Ultimately, this research may promote resilient and healthier professionals in the healthcare industry.

The objective was to determine the frequency of psychological distress and mental well-being among working women in health care industry in Pakistan and its association with socio-demographic factors.

Methodology

This cross-sectional study was carried out between December 5, 2023, and May 14, 2024 among working females from various hospitals in Pakistan. Females willing to participate in study were included in current study. Women who were not employed by hospitals or who refused to take part in the research were not included in the study. The sample size was calculated through Sample Size Determination in Health sciences v2.0.21 Calculator by WHO by taking prevalence of symptoms of psychological distress=44%, (10) margins of error=5%. The total calculated sample size was 379 whereas considering non-response of 10%, a sample size of 422 were considered. Analysis was performed for 393 females having complete data. Consent was taken and data were collected from healthcare professionals. The questionnaire used to collect the data was divided into three segments: section A for demographic data, section B for assessing psychological distress and Sec C for assessing mental well-being. The

Kessler Psychological Distress Scale (K10) is a validated tool used in our study (11). The K10 scale involves 10 questions about emotional states each with a five-level response scale. Each item is scored from one 'none of the time' to five 'all of the time'. Scores of the 10 items are then summed, yielding a minimum score of 10 and a maximum score of 50. Low scores indicate low levels of psychological distress, and high scores indicate high levels of psychological distress. The following cutoff method was followed. 10 - 19=Likely to be well, 20 - 24= Likely to have a mild disorder, 25 - 29=Likely to have a moderate disorder and 30 - 50= Likely to have a severe disorder. Mental well-being was assessed using a five-item World Health Organization Mental Well-Being Index (WHO-5) (12). It consists of five simple and non-invasive questions, which tap into the subjective well-being of the respondents. It consists of positively worded items, related to positive mood (good spirits, relaxation), vitality (being active and waking up fresh and rested) and general interest (being interested in things) and includes the following five items: 1-feeling cheerful and in good spirits; 2-feeling calm and relaxed; 3-feeling active and vigorous; 4-feeling fresh and rested when waking up; and 5-feeling interested in day-to-day activities. Each of the five items is rated on a six-point Likert scale from 0 (not present) to 5 (constantly present). The time frame is the previous 2 weeks. The raw score is calculated by totaling the figures of the five answers. The raw score ranges from 0 to 25, 0 representing worst possible and 25 representing best possible quality of life. To obtain a percentage score ranging from 0 to 100, the raw score is multiplied by 4. A percentage of 0 indicates the worst possible, whereas a score of 100 represents the best possible quality of life. A raw score of below 13 and a score of less than or equal to 50 on the percent score were considered as poor wellbeing. IBM SPSS Statistics version 27 was used to analyze the data. For quantitative data, mean and standard deviation were calculated. For qualitative data, frequency and percentage were reported. Chi-square and Fisher exact tests, as appropriate, were used to determine whether there is an association between categorical variables. Odds were calculated by binary logistic regression. P-value less than 0.05 were considered as significant.

Results

The current study included 393 female participants, with a mean age of 36.86±9.19 years. Most of the females were under 45 years old. Punjab accounted for 21.1% of the female population, followed by Balochistan (3.8%), KPK (13.5%), and Sindh (61.6%). The majority of females (63.4%) have completed a master's degree or higher. Medical professionals made up 48.1% of the workforce, followed by allied health professionals (29.8%), administrative and support staff (7.6%), diagnostic and

imaging services (3.8%), and emergency services (10.7%). The majority of female (61.8%) were employed by hospitals in the private sector. Of the 393 females, 56.2% worked in the morning, 1.5% at night, and 42.2% during regular business hours. In our study, there were 66.4% married females and 27.5% of single females. Whereas 39.7% of female respondents said their place of employment offered baby day care, while 61.6% said they were taking care of elderly relatives. 38.9% of female respondents cited opportunities for career growth and advancement as their primary motivation for working, followed by personal fulfillment and a sense of accomplishment (21.6%), financial security and competitive pay (29.5%), and family support (10.2%). For 27.5% of females, the reported current wage was less than 50,000 PKR, 34.9% made between 51,000 and 100,000 PKR, 29.3% made between 101,000 and 150,000 PKR, and 8.4% made more than 150,000 PKR. Table 1 presents comprehensive descriptive information of the population's characteristics.

Table-1: Descriptive statistics of study population (n=393)

	n (%)
Age (years)	
Mean ± Std. Dev	36.86±9.19
Groups	
≤35 years	213(54.2)
>35 years	180(45.8)
Province	
Punjab	83(21.1)
Balochistan	15(3.8)
KPK	53(13.5)
Sindh	242(61.6)
Education Status	
Inter	9(2.3)
Graduate	135(34.4)
Master or above	249(63.4)
Working Cadre	
Medical Professionals	189(48.1)
Allied Health Professionals	117(29.8)
Administrative and Support Staff	30(7.6)
Diagnostic and Imaging Services	15(3.8)
Emergency Services	42(10.7)
Organization Type	
Semi-Government	35(8.9)
Private	243(61.8)
NGO/Trust	31(7.9)
Government	84(21.4)
Duration in current organization	
1-5 years	184(46.8)
6-10 years	92(23.4)
11-15 years	86(21.9)
More than 15 years	31(7.9)
Job Shift during past month	
Morning	221(56.2)
Night	6(1.5)
Standard (9 am to 5 pm or 8:30 am to 5:30 pm)	166(42.2)

Marital Status	
Single	108(27.5)
Married	261(66.4)
Divorced	15(3.8)
Widowed	9(2.3)
Number of children (n=285)	1.62±1.25
Baby day care facility available at workplace	
Yes	156(39.7)
No	190(48.3)
Don't Know	47(12)
Caring for an elderly relative	
Yes	242(61.6)
No	151(38.4)
How stressful the job is	
Extremely	44(11.2)
Very much	92(23.4)
Somewhat	218(55.5)
Not at all	39(9.9)
Main reason behind doing Job	
Career growth and opportunities for advancement	153(38.9)
Personal fulfillment and a sense of accomplishment	85(21.6)
Financial stability and a competitive salary	115(29.3)
Family support	40(10.2)
Current salary	
≤50,000 PKR	108(27.5)
51,000-100,000 PKR	137(34.9)
101,000-150,000 PKR	115(29.3)
More than 150,000 PKR	33(8.4)
Psychological distress	
Likely to be well	115(29.3)
Likely to have mild disorder	37(9.4)
Likely to have moderate disorder	104(26.5)
Likely to have severe disorder	137(34.9)
Mental well-being	
Good	266(68)
Poor	127(32)

The Kessler Psychological Distress Scale was used to measure psychological distress. Table 1(Suppl.) offers comprehensive descriptive statistics for the K10 items. According to table 1, 29.3% of females were likely to be well, 9.4% had a mild disorder, 26.5% had a moderate disorder, and 34.9% had a severe psychological disorder. The World Health Organization Mental Well-Being Index was used to gauge the mental health of females (WHO-5). Table 2(Suppl.) offers comprehensive descriptive statistics for the WHO-5 items. As Table-1 illustrates, we discovered 32% of females with poor mental health.

According to Table 2, 41.7% of participants over 35 and 58.3% of participants under 35 were determined to be likely to be distressed. 56.1% of female participants had a master's degree or higher and were likely to experience distress, compared to 62.7% of women from Sindh. According to Table-3, It was discovered that, compared to

female over 35, those under 35 had a higher likelihood of experiencing psychological distress (aOR=7.370, p<0.001). Additionally, it was discovered that, in contrast to female with master's degree or higher education, female with intermediate education had a lower likelihood of experiencing psychological distress. (p=0.279, aOR=0.389). Compared to females with a master's degree or higher, those who had graduated were more likely to experience psychological distress. (p=0.000, aOR=4.929). Compared to married female, single female had a lower likelihood of experiencing psychological distress (OR=0.110, p<0.001). Table 3 presents the specific odds.

Table-2: Frequency and association of psychological distress with demographic characteristics

	Psychological distress		p-value
	Likely to be well	Likely to have distress	
Age			
≤35 years	51(44.3)	162(58.3)	0.012*
>35 years	64(55.7)	116(41.7)	
Province			
Punjab	24(20.9)	59(21.2)	0.001*
Balochistan	1(0.9)	17(6.1)	
KPK	26(22.6)	27(9.7)	
Sindh	64(55.7)	175(62.9)	
Education Status			
Inter	9(7.8)	3(1.1)	<0.001*
Graduate	15(13)	119(42.8)	
Master or above	91(79.1)	156(56.1)	
Working Cadre			
Medical Professionals	65(56.5)	121(43.5)	<0.001*
Allied Health Professionals	36(31.3)	81(29.1)	
Administrative and Support Staff	1(0.9)	30(10.8)	
Diagnostic and Imaging Services	1(0.9)	16(5.8)	
Emergency Services	12(10.4)	30(10.8)	
Organization Type			
Semi-Government	12(10.4)	23(8.3)	0.219
Private	77(67)	166(59.7)	
NGO/Trust	9(7.8)	22(7.9)	
Government	117(14.8)	67(24.1)	
Duration in current organization			
1-5 years	36(31.3)	148(53.2)	<0.001*
6-10 years	32(27.8)	60(21.6)	
11-15 years	30(26.1)	56(20.1)	
More than 15 years	17(14.8)	14(5)	
Job Shift during past month			
Morning	79(68.7)	142(51.1)	<0.001*
Night	6(5.2)	2(0.7)	
Standard	30(26.1)	134(48.2)	
Marital Status			
Single	51(44.3)	57(20.5)	<0.001*
Ever Married	64(55.7)	221(79.5)	

Baby day care facility available at workplace			
Yes	45(39.1)	111(39.9)	0.090
No/DK	70(60.9)	167(60.1)	
Caring for an elderly relative			
Yes	41(35.7)	201(72.3)	<0.001*
No	74(64.3)	77(27.7)	
Main reason behind doing Job			
Career growth and opportunities for advancement	18(15.7)	135(48.6)	<0.001*
Personal fulfillment and a sense of accomplishment	36(31.3)	49(17.6)	
Financial stability and a competitive salary	46(40)	69(24.8)	
Family support	15(13)	25(9)	
Current salary			
≤50,000 PKR	21(18.3)	87(31.3)	<0.001*
51,000-100,000 PKR	22(19.1)	115(41.4)	
101,000-150,000 PKR	45(39.1)	70(25.2)	
More than 150,000 PKR	27(23.5)	6(2.2)	

Chi-square/fisher exact test was applied.

*Significant at 0.05 levels.

Table 4 shows Among female participants with poor well-being, 56.7% were aged ≤35 years, while 43.3% were above 35 years (p = 0.493). The highest proportion of poor well-being was from Sindh (60.6%), followed by Punjab (30.7%). Regarding education status, 49.6% of females with poor well-being had a Master's degree or higher, 48.8% were graduates, and only 1.6% had completed intermediate education, The majority of females with poor well-being were employed in the private sector (63%), followed by government institutions (27.6%), while a smaller proportion worked in NGOs/trusts (4.7%) and semi-government organizations (4.7%). Poor well-being was most common among females working for 1–5 years (56.7%), followed by 6–10 years (26%), 11–15 years (12.6%), and more than 15 years (4.7%). There was 40.2% of females with poor well-being earning ≤50,000 PKR, 24.4% earning between 51,000-100,000 PKR, 26% between 101,000-150,000 PKR, and only 9.4% earning more than 150,000 PKR.

Table-5 revealed that individuals who provide care for an elderly relative are less likely to experience poor health outcomes compared to those who do not (aOR=0.466, p=0.001). In comparison to female who work for family support, those who work for career growth and opportunities for advancement (aOR=0.235, p<0.001), personal fulfillment and a sense of accomplishment (aOR=0.140, p<0.001), and financial stability and a competitive salary (aOR=0.165, p<0.001) were found to be less likely. Table-5 shows the specific odds.

Table-3: Demographic factors influencing distress among females

Psychological Distress	p-value	OR (95% CI)	p-value	OR (95% CI)
Age				
≤35 years	0.012*	1.753(1.131-2.717)	<0.001*	7.370(2.856-19.020)
>35 years		1.000		1.000
Province				
Punjab	0.707	0.899(0.517-1.565)		
Balochistan	0.079	6.217(0.811-47.671)		
KPK	0.002*	0.380(0.206-0.699)		
Sindh		1.000		
Education Status				
Inter	0.016*	0.194(0.051-0.737)	0.279	0.389(0.070-2.149)
Graduate	<0.001*	4.628(2.550-8.399)	<0.001*	4.929(1.982-12.255)
Master or above		1.000		1.000
Working Cadre				
Medical Professionals	0.431	0.745(0.357-1.552)		
Allied Health Professionals	0.790	0.900(0.414-1.956)		
Administrative and Support Staff	0.020*	12.00(1.467-98.173)		
Diagnostic and Imaging Services	0.087	6.400(0.762-53.764)		
Emergency Services		1.000		
Organization Type				
Semi-Government	0.107	0.486(0.202-1.170)		
Private	0.048*	0.547(0.301-0.994)		
NGO/Trust	0.320	0.620(0.242-1.589)		
Government		1.000		
Duration in current organization				
1-5 years	<0.001*	4.992(2.253-11.062)		
6-10 years	0.051	2.277(0.995-5.207)		
11-15 years	0.055	2.267(0.984-5.224)		
More than 15 years		1.000		
Job Shift during past month				
Morning	<0.001*	0.402(0.248-0.652)	0.002*	0.292(0.136-0.628)
Night	<0.001*	0.075(0.014-0.388)	<0.001*	0.006(0.001-0.043)
Standard (9 am to 5 pm or 8:30 am to 5:30 pm)		1.000		1.000
Marital Status				
Single	<0.001*	0.324(0.202-0.517)	<0.001*	0.110(0.044-0.275)
Ever Married		1.000		1.000
Baby day care facility available at workplace				
Yes	0.883	1.034(0.663-1.613)		
No/DK		1.000		
Caring for an elderly relative				
Yes	<0.001*	4.711(2.965-7.488)	<0.001*	12.366(5.766-26.518)
No		1.000		1.000
Main reason behind doing Job				
Career growth and opportunities for advancement	<0.001*	4.500(2.007-10.088)		
Personal fulfillment and a sense of accomplishment	0.607	0.817(0.378-1.766)		
Financial stability and a competitive salary	0.780	0.900(0.429-1.888)		
Family support		1.000		
Current salary				
≤50,000 PKR	<0.001*	18.643(6.826-50.920)	<0.001*	118.600(26.522-
51,000-100,000 PKR	<0.001*	23.523(8.695-63.639)	<0.001*	83.016(21.622-318.727)
101,000-150,000 PKR	<0.001*	7.000(2.679-18.293)	<0.001*	63.784(16.342-248.963)
More than 150,000 PKR		1.000		1.000

Binary logistic regression was applied.

*Significant at 0.05 levels.

Table-4: Frequency and Association of poor well-being according to demographic characteristics

	Poor well-being		p-value
	Yes	No	
Age			
≤35 years	72(56.7)	141(53)	0.493
>35 years	55(43.3)	125(47)	
Province			
Punjab	39(30.7)	44(16.5)	<0.001*
Balochistan	2(1.6)	16(6)	
KPK	9(7.1)	44(16.5)	
Sindh	77(60.6)	162(60.9)	
Education Status			
Inter	2(1.6)	10(3.8)	<0.001*
Graduate	62(48.8)	72(27.1)	
Master or above	63(49.6)	184(69.2)	
Working Cadre			
Medical Professionals	67(52.8)	119(44.7)	<0.001*
Allied Health Professionals	20(15.7)	97(36.5)	
Administrative and Support Staff	9(7.1)	22(8.3)	
Diagnostic and Imaging Services	16(12.6)	1(0.4)	
Emergency Services	15(11.8)	27(10.2)	
Organization Type			
Government	35(27.6)	49(18.4)	0.024*
Semi-Government	6(4.7)	29(10.9)	
Private	80(63)	163(61.3)	
NGO/Trust	6(4.7)	25(9.4)	
Duration in current organization			
1-5 years	72(56.7)	112(42.1)	0.003*
6-10 years	33(26)	59(22.2)	
11-15 years	16(12.6)	70(26.3)	
More than 15 years	6(4.7)	25(9.4)	
Job Shift during past month			
Morning	72(56.7)	149(56)	0.624
Night	1(0.8)	7(2.6)	
Standard	54(42.5)	110(41.4)	
Marital Status			
Single	27(21.3)	81(30.5)	0.056
Ever Married	100(78.7)	185(69.5)	
Baby day care facility available at workplace			
Yes	59(46.5)	97(36.5)	<0.001*
No/DK	68(53.6)	169(63.5)	
Caring for an elderly relative			
Yes	62(48.8)	180(67.7)	<0.001*
No	65(51.2)	86(32.3)	
Main reason behind doing Job			
Career growth and opportunities for advancement	48(37.8)	105(39.5)	<0.001*
Personal fulfillment and a sense of accomplishment	21(16.5)	64(24.1)	
Financial stability and a competitive salary	30(23.6)	85(32)	
Family support	28(22)	12(4.5)	
Current salary			
≤50,000 PKR	51(40.2)	57(21.4)	<0.001*
51,000-100,000 PKR	31(24.4)	106(39.8)	
101,000-150,000 PKR	33(26)	82(30.8)	
More than 150,000 PKR	12(9.4)	21(7.9)	

Chi-square/fisher exact test was applied.

*Significant at 0.05 levels.

Table-5: Demographic factors influencing poor well-being among females

	Un-adjusted		Adjusted	
	p-value	OR (95% CI)	p-value	OR (95% CI)
Age				
≤35 years	0.493	1.161(0.758-1.776)		
>35 years		1.000		
Province				
Punjab	0.016*	1.865(1.121-3.103)		
Balochistan	0.080	0.263(0.059-1.173)		
KPK	0.031*	0.430(0.200-0.926)		
Sindh		1.000		
Education Status				
Inter	0.495	0.584(0.125-2.738)		
Graduate	<0.001*	2.515(1.613-3.921)		
Master or above		1.000		
Working Cadre				
Medical Professionals	0.970	1.013(0.504-2.038)		
Allied Health Professionals	0.014*	0.371(0.168-0.821)		
Administrative and Support Staff	0.549	0.736(0.271-2.001)		
Diagnostic and Imaging Services	0.002*	28.800(3.469-239.118)		
Emergency Services		1.000		
Organization Type				
Semi-Government	0.013*	0.290(0.109-0.772)		
Private	0.149	0.687(0.413-1.144)		
NGO/Trust	0.031*	0.336(0.125-0.905)		
Government		1.000		
Duration in current organization				
1-5 years	0.040*	2.679(1.047-6.850)		
6-10 years	0.093	2.331(0.868-6.257)		
11-15 years	0.927	0.952(0.335-2.704)		
More than 15 years		1.000		
Job Shift during past month				
Morning	0.943	0.984(0.640-1.514)		
Night	0.264	0.291(0.035-2.425)		
Standard		1.000		
Martial Status				
Single	0.058	0.617(0.374-1.016)		
Ever Married		1.000		
Baby day care facility available at workplace				
Yes	0.059	1.512(0.984-2.321)		
No/DK		1.000		
Caring for an elderly relative				
Yes	<0.001*	0.456(0.296-0.702)	0.001*	0.466(0.294-0.738)
No		1.000		1.000
Main reason behind doing Job				
Career growth and opportunities for advancement	<0.001*	0.196(0.092-.418)	<0.001*	0.235(0.108-0.509)
Personal fulfillment and a sense of accomplishment	<0.001*	0.141(0.061-0.325)	<0.001*	0.140(0.060-0.328)
Financial stability and a competitive salary	<0.001*	0.151(0.068-0.335)	<0.001*	0.165(0.074-0.369)
Family support		1.000		1.000
Current salary				
≤50,000 PKR	0.274	1.566(0.701-3.497)		
51,000-100,000 PKR	0.107	0.512(0.227-1.156)		
101,000-150,000 PKR	0.400	0.704(0.311-1.593)		
More than 150,000 PKR		1.000		

Binary logistic regression was applied.

*Significant at 0.05 levels.

Discussion

The sociocultural environment of Pakistan assumes a huge part in forming the encounters of working ladies, adding to their physiological distress. The conventional roles of women frequently mean that women are liable for home obligations along with being utilized full-time for proper job. In our study, the findings reveal a strong prevalence of psychological distress among working women. The study was carried out on 393 females under the age of 45 years. A majority of the women had high level of education reflecting the significant academic achievements. However, their scores on Kessler Psychological Distress Scale show that they face challenges that contribute to their distressed levels. A large number of the women were from direct medical professionals whereas some were from allied health professionals, this distribution presents that their job demands an elevated nature of work. The roles are of high obligation, work towards extended period of time, and can be open to unpleasant circumstances. Our findings relate to study by Viertio and colleagues where they give gender references crucial in distress among the population that is working. (13)

Additionally, the findings mention that the women mostly have varied working shifts, this change can also contribute to their mental health. In order to balance these difficult tasks and family obligations the women might feel more burdened especially in a society such as Pakistan. This relation coordinates with different studies on this topic highlighting obvious gender differences. (13, 14) When asked about access to facilities and additional responsibilities, the women answered that they do face hardships in these areas. A good number of women had support regarding day care at their workplace, however they are perceived as sole care giver in their own home. Studies have recommended good support systems to cater to this need. (15) Evidence recommends that while numerous women are driven by inborn inspirations, for example, self-awareness and satisfaction, financial tensions are likewise a huge element. The dissemination of current wages, with 27.5% procuring under 50,000 PKR and just 8.4% procuring in excess of 150,000 PKR, shows that monetary weakness is a reality for the overwhelming majority of these women, logical adding to their mental misery. This finding is backed up literature of the same category where women found that working on low wages leads to a poorer mental health compared with people working on a higher wage. (16)

The study observed that a huge extent of the respondents was encountering shifting degrees of mental misery, with 32% revealing poor emotional well-being. This poor emotional well-being could be an impression of the total effect of stressors, including position related pressures, monetary precariousness, providing care liabilities, and maybe lacking emotionally supportive networks both at work and at home. (17) Apart from this more than thirty

percent were experiencing an extreme mental issue. These figures are disturbing and demonstrate that a significant piece of the female labor force is wrestling with huge psychological wellness challenges, study by White et al., similarly revealed that different work-related task amount to different stressors. (17) Women under the age of 35 years old were altogether bound to encounter mental misery contrasted with those more than 35. This could be ascribed to the tensions looked by younger women in adjusting early vocation requests, cultural assumptions, and, the commencement of family obligations. Literature conforms with this finding and suggests the same that the more noteworthy mental distress in this age gathering might mirror the hardships in setting up a good foundation for oneself expertly while dealing with the double liabilities of work and home life. (18)

Conclusion

This study highlights the concerning prevalence of mental health issues among female healthcare workers, with a notable 32% experiencing poor mental health. Factors such as age, education, and work conditions significantly influence psychological well-being, indicating that targeted interventions could be beneficial. The findings underscore the importance of addressing workplace stressors, particularly in private hospitals, and the need for supportive measures such as childcare facilities and flexible work arrangements. By recognizing and responding to these challenges, we can improve the overall mental health of female employees in the healthcare sector, fostering a healthier workforce and enhancing patient care outcomes. Future research should focus on developing and evaluating interventions that address the identified risk factors, promoting a more supportive and resilient work environment.

Ethical Approval:

This study was approved by the Internal Review Committee of Health Services Academy, Islamabad. Ref. No. 00027/HAS/PhD-2022 Date: 12-03-2024

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Authors' Contribution:

MI: Concept of study, developed methodology, data collection, and statistical analysis

AS: Data collection, statistical analysis, manuscript writing

SAR: Data collection, review and approval of manuscript

MT & SM: Data collection and manuscript writing

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